

# MEDI-CAL FUNDED DELIVERIES

## 2004



The Great Seal

**MEDICAL CARE STATISTICS SECTION**

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This report provides summary data on Medi-Cal funded deliveries occurring in hospitals. The data are distributed by age, ethnicity and aid category of the mother, type of delivery and type of inpatient hospital (county versus community, contract versus non-contract). Average Medi-Cal payments for the fee-for-service component of these deliveries are also included.

This report, as well as previous years' reports, may be found at [www.dhs.ca.gov/mcss](http://www.dhs.ca.gov/mcss). Questions may be directed to Jan Rains by telephone at (916) 552-8570 or e-mail [Jrains@dhs.ca.gov](mailto:Jrains@dhs.ca.gov).

May 2006



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**EXECUTIVE SUMMARY**

Births to Medi-Cal beneficiaries in calendar year 2004 increased two percent above calendar year 2003, to a total of 248,086. These births represented 46% of all births in California hospitals.

The general fertility rate of California women ages 15-44 declined slightly to 69.3 per thousand in calendar year 2004 from 69.5 per thousand in the previous year.

As in previous years, women ages 20-24 delivered most of the babies (33.2%), followed by women aged 25-29, who were responsible for 25% of the deliveries. Older teens, ages 18 and 19, represented 10.4% of the Medi-Cal beneficiaries delivering babies in 2004 compared to 11.4% in 2001. The percentage of younger teens (ages 15 through 17) with Medi-Cal funded deliveries has been declining over the past several years from 7% in 1994 to 4.9% in 2004.

Hispanic women represented 69% of the Medi-Cal beneficiaries delivering in 2004, the same percentage as in calendar year 2003. The next largest group was white women (14%), followed at 7% each by two groups, black women and Asian/Pacific Islanders.

Deliveries continue to be concentrated in the fee-for-service arena, with 73% of the deliveries covered by fee-for-service and the remaining 27% spread among various managed care arrangements.

Over 80% of the Medi-Cal funded deliveries fell into two major aid groups. The greatest number of deliveries was to "Undocumented" women (43%), followed closely by the "Families" aid group (39%). The "Percent Poverty" programs are the only other large aid group, with 13% of the deliveries in 2004; all remaining categories were very small. See Appendix A for a list of aid codes by category.

The type of birth was distributed 72% vaginal and 28% Cesarean, compared to 73% and 27% respectively in calendar year 2003.

**DATA QUALIFICATIONS**

The Medi-Cal Funded Deliveries report has been published annually since 1978. This report provides statewide as well as county-level number of deliveries by age, type of delivery, type of facility and the amount of Medi-Cal expenditures. The information source, the Pregnancy Monitoring System (PMS), an extract from the Medi-Cal paid claims files, has been only minimally updated despite significant changes in the Medi-Cal program over the past two decades.

The change with the greatest impact on delivery reporting is undoubtedly the movement of Medi-Cal eligibles into managed care systems, and the consequential non-reporting of encounters within the paid claims file. Initially this missing information was captured by linking Medi-Cal eligibility records to the hospital discharge database maintained by the Office of Statewide Health Planning and Development. Medi-Cal delivery reports based on this source were published for the years 1994-2000, 2001 and 2002. Beginning with the report for calendar year 2003, the managed care delivery information is based on a linkage between Medi-Cal eligibility records and California vital records files. The fee-for-service delivery information is obtained from the Medi-Cal paid claims files.

Although this method provides the most complete delivery information available at this time, it is likely that managed care deliveries are underreported to an unknown degree, believed to be relatively small. The reason for an undercount is that this component in the report is based on a link between Medi-Cal eligible files and birth records. Inaccuracy in personal identifiers may result in non-linking records.



**TABLE 1**  
**DELIVERIES TO MEDI-CAL BENEFICIARIES**  
**AS A PERCENT OF CALIFORNIA BIRTHS, AND**  
**GENERAL CALIFORNIA FERTILITY RATE**  
**1994 THROUGH 2004**

	BIRTHS IN CALIFORNIA HOSPITALS <sup>1</sup>	BIRTHS TO MEDI-CAL BENEFICIARIES <sup>2</sup>	MEDI-CAL AS PERCENT OF TOTAL	GENERAL FERTILITY RATE OF CALIFORNIA WOMEN <sup>1</sup>
1994	564,929	269,770	47.75%	77.6
1995	549,213	261,371	47.59%	75.5
1996	536,771	253,487	47.22%	73.6
1997	522,707	230,873	44.17%	70.8
1998	519,961	215,848	41.51%	69.7
1999	515,235	218,316	42.37%	68.6
2000	529,766	224,405	42.36%	70.0
2001	525,959	229,884	43.71%	68.7
2002	527,628	238,809	45.26%	68.4
2003	539,265	244,327	45.31%	69.5
2004	543,218	248,086	45.67%	69.3

Source:

<sup>1</sup>California Department of Health Services, Center for Health Statistics.

<sup>2</sup>California Department of Health Services, Medical Care Statistics Section,  
Medi-Cal/Vital Records Linked File 2004 and Medi-Cal paid claims.

**TABLE 2  
DELIVERIES TO MEDI-CAL BENEFICIARIES  
BY AGE AND ETHNICITY,  
CALENDAR YEAR 2004**

**NUMBER**

	WHITE	BLACK	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN	NOT REPORTED	TOTAL
<b>UNDER 15</b>	56	40	326	19	1	66	508
<b>15-17</b>	1,180	803	7,584	429	51	1,992	12,039
<b>18-19</b>	3,741	2,146	16,387	1,034	117	2,401	25,826
<b>20-24</b>	13,687	6,054	56,380	4,236	397	1,650	82,404
<b>25-29</b>	8,738	4,231	45,292	4,199	245	506	63,211
<b>30-34</b>	4,607	2,356	28,890	3,850	125	391	40,219
<b>35-44</b>	2,970	1,474	16,181	2,679	79	272	23,655
<b>45 &amp; UP</b>	20	16	129	53	0	6	224
<b>Total</b>	34,999	17,120	171,169	16,499	1,015	7,284	248,086

**PERCENT**

	WHITE	BLACK	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN	NOT REPORTED	TOTAL
<b>UNDER 15</b>	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.2%
<b>15-17</b>	0.5%	0.3%	3.1%	0.2%	0.0%	0.8%	4.9%
<b>18-19</b>	1.5%	0.9%	6.6%	0.4%	0.0%	1.0%	10.4%
<b>20-24</b>	5.5%	2.4%	22.7%	1.7%	0.2%	0.7%	33.2%
<b>25-29</b>	3.5%	1.7%	18.3%	1.7%	0.1%	0.2%	25.5%
<b>30-34</b>	1.9%	0.9%	11.6%	1.6%	0.1%	0.2%	16.2%
<b>35-44</b>	1.2%	0.6%	6.5%	1.1%	0.0%	0.1%	9.5%
<b>45 &amp; UP</b>	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.1%
<b>Total</b>	14.1%	6.9%	69.0%	6.7%	0.4%	2.9%	100.0%

**TABLE 3  
DELIVERIES TO MEDI-CAL BENEFICIARIES  
BY AGE AND AID CATEGORY,  
CALENDAR YEAR 2004**

**NUMBER**

	FAMILIES	AGED, BLIND OR DISABLED	MEDICALLY INDIGENT		UNDOCU- MENTED	PERCENT POVERTY	MINOR CONSENT	ALL OTHER	TOTAL
			CHILD	ADULT					
UNDER 15	289	5	17	0	117	19	59	2	508
15-17	5,477	134	481	1	3,437	535	1,945	29	12,039
18-19	11,610	311	1,747	0	7,690	2,200	2,234	34	25,826
20-24	34,889	955	1,090	1,930	30,836	11,591	1,020	93	82,404
25-29	21,996	766	0	1,032	31,502	7,849	0	66	63,211
30-34	12,475	509	0	436	21,608	5,157	0	34	40,219
35-44	8,693	471	0	297	10,412	3,760	0	22	23,655
45 & UP	100	6	0	4	63	50	0	1	224
Total	95,529	3,157	3,335	3,700	105,665	31,161	5,258	281	248,086

**PERCENT**

	FAMILIES	AGED, BLIND OR DISABLED	MEDICALLY INDIGENT		UNDOCU- MENTED	PERCENT POVERTY	MINOR CONSENT	ALL OTHER	TOTAL
			CHILD	ADULT					
UNDER 15	0.12%	0.00%	0.01%	0.00%	0.05%	0.01%	0.02%	0.00%	0.20%
15-17	2.21%	0.05%	0.19%	0.00%	1.39%	0.22%	0.78%	0.01%	4.85%
18-19	4.68%	0.13%	0.70%	0.00%	3.10%	0.89%	0.90%	0.01%	10.41%
20-24	14.06%	0.38%	0.44%	0.78%	12.43%	4.67%	0.41%	0.04%	33.22%
25-29	8.87%	0.31%	0.00%	0.42%	12.70%	3.16%	0.00%	0.03%	25.48%
30-34	5.03%	0.21%	0.00%	0.18%	8.71%	2.08%	0.00%	0.01%	16.21%
35-44	3.50%	0.19%	0.00%	0.12%	4.20%	1.52%	0.00%	0.01%	9.53%
45 & UP	0.04%	0.00%	0.00%	0.00%	0.03%	0.02%	0.00%	0.00%	0.09%
Total	38.51%	1.27%	1.34%	1.49%	42.59%	12.56%	2.12%	0.11%	100.00%

**TABLE 4  
DELIVERIES TO MEDI-CAL BENEFICIARIES  
BY ETHNICITY AND AID CATEGORY,  
CALENDAR YEAR 2004**

**NUMBER**

	FAMILIES	AGED, BLIND OR DISABLED	MEDICALLY INDIGENT		UNDOCU- MENTED	PERCENT POVERTY	MINOR CONSENT	ALL OTHER	TOTAL
			CHILD	ADULT					
WHITE	22,952	920	945	1,335	971	7,778	48	50	34,999
BLACK	13,839	936	212	231	476	1,384	7	35	17,120
HISPANIC	48,186	707	1,875	1,689	100,462	18,003	94	153	171,169
ASIAN OR PACIFIC ISLANDER	8,536	257	210	388	3,380	3,699	9	20	16,499
AMERICAN INDIAN OR ALASKAN	771	37	23	32	18	132	1	1	1,015
NOT REPORTED	1,245	300	70	25	358	165	5,099	22	7,284
TOTAL	95,529	3,157	3,335	3,700	105,665	31,161	5,258	281	248,086

**PERCENT**

	FAMILIES	AGED, BLIND OR DISABLED	MEDICALLY INDIGENT		UNDOCU- MENTED	PERCENT POVERTY	MINOR CONSENT	ALL OTHER	TOTAL
			CHILD	ADULT					
WHITE	9.3%	0.4%	0.4%	0.5%	0.4%	3.1%	0.0%	0.0%	14.1%
BLACK	5.6%	0.4%	0.1%	0.1%	0.2%	0.6%	0.0%	0.0%	6.9%
HISPANIC	19.4%	0.3%	0.8%	0.7%	40.5%	7.3%	0.0%	0.1%	69.0%
ASIAN OR PACIFIC ISLANDER	3.4%	0.1%	0.1%	0.2%	1.4%	1.5%	0.0%	0.0%	6.7%
AMERICAN INDIAN OR ALASKAN	0.3%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.4%
NOT REPORTED	0.5%	0.1%	0.0%	0.0%	0.1%	0.1%	2.1%	0.0%	2.9%
TOTAL	38.5%	1.3%	1.3%	1.5%	42.6%	12.6%	2.1%	0.1%	100.0%

**TABLE 5  
DELIVERIES TO MEDI-CAL BENEFICIARIES  
BY TYPE OF DELIVERY AND AID CATEGORY,  
CALENDAR YEAR 2004**

**NUMBER**

	FAMILIES	AGED, BLIND OR DISABLED	MEDICALLY INDIGENT		UNDOCU- MENTED	PERCENT POVERTY	MINOR CONSENT	ALL OTHER	TOTAL
			CHILD	ADULT					
VAGINAL	69,009	2,014	2,645	2,607	74,835	22,413	4,241	206	177,970
CESAREAN	26,520	1,143	690	1,093	30,830	8,748	1,017	75	70,116
NOT REPORTED	0	0	0	0	0	0	0	0	0
TOTAL	95,529	3,157	3,335	3,700	105,665	31,161	5,258	281	248,086

**PERCENT**

	FAMILIES	AGED, BLIND OR DISABLED	MEDICALLY INDIGENT		UNDOCU- MENTED	PERCENT POVERTY	MINOR CONSENT	ALL OTHER	TOTAL
			CHILD	ADULT					
VAGINAL	27.8%	0.8%	1.1%	1.1%	30.2%	9.0%	1.7%	0.1%	71.7%
CESAREAN	10.7%	0.5%	0.3%	0.4%	12.4%	3.5%	0.4%	0.0%	28.3%
NOT REPORTED	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
TOTAL	38.5%	1.3%	1.3%	1.5%	42.6%	12.6%	2.1%	0.1%	100.0%

**TABLE 6  
DELIVERIES TO MEDI-CAL BENEFICIARIES  
BY TYPE OF DELIVERY AND ETHNICITY,  
CALENDAR YEAR 2004**

**NUMBER**

	WHITE	BLACK	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN	NOT REPORTED	TOTAL
VAGINAL	25,185	11,668	122,383	12,321	720	5,693	177,970
CESAREAN	9,814	5,452	48,786	4,178	295	1,591	70,116
NOT REPORTED	0	0	0	0	0	0	0
TOTAL	34,999	17,120	171,169	16,499	1,015	7,284	248,086

**PERCENT**

	WHITE	BLACK	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN	NOT REPORTED	TOTAL
VAGINAL	10.2%	4.7%	49.3%	5.0%	0.3%	2.3%	71.7%
CESAREAN	4.0%	2.2%	19.7%	1.7%	0.1%	0.6%	28.3%
NOT REPORTED	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
TOTAL	14.1%	6.9%	69.0%	6.7%	0.4%	2.9%	100.0%

**TABLE 7  
DELIVERIES TO MEDI-CAL BENEFICIARIES  
BY TYPE OF PAYMENT SYSTEM AND AID CATEGORY,  
CALENDAR YEAR 2004**

**NUMBER**

	FAMILIES	AGED, BLIND OR DISABLED	MEDICALLY INDIGENT		UNDOCU- MENTED	PERCENT POVERTY	MINOR CONSENT	ALL OTHER	TOTAL
			CHILD	ADULT					
Fee For Service	31,743	1,996	1,603	2,717	105,642	30,946	5,258	236	180,141
County Organized Health System	8,852	275	360	493	16	27	0	16	10,039
GMC	7,423	171	313	99	0	19	0	2	8,027
Two-Plan (CP)	21,085	298	512	180	4	76	0	11	22,166
Two-Plan (LI)	26,407	416	546	210	3	93	0	16	27,691
Prepaid Health Plan	19	1	1	1	0	0	0	0	22
Total	95,529	3,157	3,335	3,700	105,665	31,161	5,258	281	248,086

**PERCENT**

	FAMILIES	AGED, BLIND OR DISABLED	MEDICALLY INDIGENT		UNDOCU- MENTED	PERCENT POVERTY	MINOR CONSENT	ALL OTHER	TOTAL
			CHILD	ADULT					
Fee For Service	12.8%	0.8%	0.6%	1.1%	42.6%	12.5%	2.1%	0.1%	72.6%
County Organized Health System	3.6%	0.1%	0.1%	0.2%	0.0%	0.0%	0.0%	0.0%	4.0%
GMC	3.0%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	3.2%
Two-Plan (CP)	8.5%	0.1%	0.2%	0.1%	0.0%	0.0%	0.0%	0.0%	8.9%
Two-Plan (LI)	10.6%	0.2%	0.2%	0.1%	0.0%	0.0%	0.0%	0.0%	11.2%
Prepaid Health Plan	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total	38.5%	1.3%	1.3%	1.5%	42.6%	12.6%	2.1%	0.1%	100.0%

**TABLE 8**  
**DISTRIBUTION OF HOSPITAL TYPE AND**  
**AVERAGE AMOUNT PAID PER DELIVERY,**  
**FEE-FOR-SERVICE MEDI-CAL BENEFICIARIES,**  
**BY TYPE OF HOSPITAL, CALENDAR YEAR 2004<sup>1</sup>**

	Type of Hospital, Percentage Distribution	Average Amount Paid
<b>ALL HOSPITALS</b>	100.00%	\$ 3,653
<b>Contract</b>	81.26%	\$ 3,439
<b>Non-Contract</b>	18.74%	\$ 4,582
<b>COUNTY HOSPITALS</b>	12.56%	\$ 3,802
<b>Contract</b>	12.53%	\$ 3,799
<b>Non-Contract</b>	0.03%	\$ 4,904
<b>COMMUNITY HOSPITALS</b>	87.44%	\$ 3,632
<b>Contract</b>	68.73%	\$ 3,373
<b>Non-Contract</b>	18.71%	\$ 4,582

<sup>1</sup> Expenditures include payments to physicians for pregnancy-related claims if a matching hospital delivery claim was identified. Although prenatal and postpartum pregnancy-related services may be included in the total, other non-pregnancy related services during the prenatal and postpartum months are excluded.



**TABLE 9**  
**AVERAGE LENGTH OF STAY (IN DAYS)**  
**BY TYPE OF DELIVERY AND AGE**  
**FEE-FOR-SERVICE, CALENDAR YEAR 2004**

	NON-CESAREAN	CESAREAN	TOTAL
UNDER 15	2	3	2
15-17	2	4	2
18-19	2	4	2
20-24	2	3	2
25-29	2	3	2
30-34	2	3	3
35-44	2	3	3
45 & UP	3	3	3
Total	2	3	2

**TABLE 10**  
**AVERAGE MEDI-CAL PAYMENT**  
**BY TYPE OF DELIVERY AND AGE**  
**FEE-FOR-SERVICE, CALENDAR YEAR 2004<sup>1</sup>**

	NON-CESAREAN DELIVERIES		CESAREAN DELIVERIES		ALL DELIVERIES	
	ALL PROVIDERS	PHYSICIANS	ALL PROVIDERS	PHYSICIANS	ALL PROVIDERS	PHYSICIANS
UNDER 15	\$3,329	\$289	\$5,773	\$511	\$3,468	\$301
15-17	\$3,327	\$329	\$5,835	\$829	\$3,664	\$396
18-19	\$3,230	\$313	\$5,363	\$800	\$3,564	\$389
20-24	\$3,184	\$319	\$5,196	\$824	\$3,555	\$412
25-29	\$3,165	\$324	\$5,074	\$826	\$3,597	\$438
30-34	\$3,226	\$339	\$5,074	\$861	\$3,741	\$484
35-44	\$3,447	\$363	\$5,197	\$897	\$3,968	\$522
45 & UP	\$3,730	\$363	\$5,491	\$860	\$4,413	\$556
Total	\$3,224	\$329	\$5,153	\$844	\$3,658	\$445

<sup>1</sup> In addition to the hospital costs, expenditures include payments to physicians for pregnancy-related claims if a matching hospital delivery claim was identified. Although prenatal and postpartum pregnancy-related services may be included in the total, other non-pregnancy related services during the prenatal and postpartum months are excluded.

**TABLE 11  
DELIVERIES TO MEDI-CAL BENEFICIARIES  
BY BENEFICIARY COUNTY AND AID CATEGORY,  
CALENDAR YEAR 2003**

	FAMILIES	AGED, BLIND OR DISABLED	MEDICALLY INDIGENT		UNDOCU- MENTED	PERCENT POVERTY	MINOR CONSENT	ALL OTHER	TOTAL
			CHILD	ADULT					
STATEWIDE	95,529	3,157	3,335	3,700	105,665	31,161	5,258	281	248,086
ALAMEDA	2,650	110	106	233	2,693	778	131	9	6,710
ALPINE	6	0	0	0	0	0	0	0	6
AMADOR	53	1	3	3	9	21	3	0	93
BUTTE	792	55	36	34	142	204	32	1	1,296
CALAVERAS	85	1	7	3	14	33	2	0	145
COLUSA	72	0	5	4	86	48	4	0	219
CONTRA COSTA	1,375	81	58	89	1,725	481	74	3	3,886
DEL NORTE	126	14	11	10	18	12	2	1	194
EL DORADO	278	9	11	26	156	86	19	1	586
FRESNO	5,176	186	139	131	3,111	1,293	163	5	10,204
GLENN	116	4	6	5	73	48	11	0	263
HUMBOLDT	501	33	24	29	70	161	21	1	840
IMPERIAL	966	19	26	22	264	191	29	0	1,517
INYO	58	1	0	2	33	26	6	1	127
KERN	4,013	185	131	114	2,341	810	211	2	7,807
KINGS	682	22	33	25	373	166	43	1	1,345
LAKE	231	11	17	35	47	46	8	0	395
LASSEN	98	5	6	4	9	11	4	1	138
LOS ANGELES	29,796	735	677	456	41,240	7,541	1,658	116	82,219
MADERA	621	8	35	37	723	162	21	5	1,612
MARIN	129	4	3	6	455	41	5	1	644
MARIPOSA	40	1	0	0	7	21	0	0	69
MENDOCINO	362	9	15	20	196	115	10	2	729
MERCED	1,312	38	53	27	856	280	47	2	2,615
MODOC	36	0	2	3	9	3	0	0	53
MONO	19	0	0	5	60	7	0	1	92
MONTEREY	1,203	24	46	51	2,137	398	164	8	4,031

(continued)

**TABLE 11** (continued)

	FAMILIES	AGED, BLIND OR DISABLED	MEDICALLY INDIGENT		UNDOCU- MENTED	PERCENT POVERTY	MINOR CONSENT	ALL OTHER	TOTAL
			CHILD	ADULT					
NAPA	154	6	17	7	274	82	14	6	560
NEVADA	132	4	4	8	60	72	7	2	289
ORANGE	4,122	106	154	208	10,979	2,424	547	12	18,552
PLACER	303	12	24	30	266	207	23	0	865
PLUMAS	39	2	2	1	4	18	1	0	67
RIVERSIDE	4,947	165	255	317	5,159	2,597	233	16	13,689
SACRAMENTO	4,794	231	161	192	2,020	1,091	105	6	8,600
SAN BENITO	158	0	11	17	167	51	15	1	420
SAN BERNARDINO	7,031	262	238	263	4,680	2,137	319	9	14,939
SAN DIEGO	4,437	157	286	351	5,814	2,996	292	17	14,350
SAN FRANCISCO	1,128	45	24	36	1,061	517	58	2	2,871
SAN JOAQUIN	2,756	134	86	82	1,801	611	93	6	5,569
SAN LUIS OBISPO	391	14	19	35	341	235	26	2	1,063
SAN MATEO	588	24	24	68	1,603	341	75	1	2,724
SANTA BARBARA	983	31	48	41	1,784	431	81	1	3,400
SANTA CLARA	2,486	60	80	134	3,910	954	117	5	7,746
SANTA CRUZ	452	9	21	29	781	244	92	1	1,629
SHASTA	722	41	31	24	34	214	8	0	1,074
SIERRA	5	0	0	1	0	3	0	0	9
SISKIYOU	188	6	4	5	13	39	5	2	262
SOLANO	1,009	60	41	57	491	196	29	4	1,887
SONOMA	512	15	49	60	1,113	323	34	2	2,108
STANISLAUS	1,976	65	65	51	1,387	550	93	4	4,191
SUTTER	292	8	7	15	206	139	13	1	681
TEHAMA	252	7	16	8	95	68	9	1	456
TRINITY	42	2	2	5	2	15	2	0	70
TULARE	2,364	62	129	163	1,959	628	149	2	5,456
TUOLUMNE	133	2	8	7	7	45	7	0	209
VENTURA	1,553	28	41	59	2,414	738	111	4	4,948
YOLO	419	19	21	33	259	154	17	0	922
YUBA	365	24	17	19	134	58	15	1	633
INVALID CODE	0	0	0	0	0	0	0	12	12

**TABLE 12  
DELIVERIES TO MEDI-CAL BENEFICIARIES  
BY BENEFICIARY COUNTY AND AGE,  
CALENDAR YEAR 2004**

	UNDER							45	
	15	15-17	18-19	20-24	25-29	30-34	35-44	& UP	TOTAL
<b>STATEWIDE</b>	508	12,039	25,826	82,404	63,211	40,219	23,655	224	248,086
<b>ALAMEDA</b>	14	301	606	2,228	1,769	1,099	685	8	6,710
<b>ALPINE</b>	0	0	0	2	1	3	0	0	6
<b>AMADOR</b>	0	4	15	37	17	9	11	0	93
<b>BUTTE</b>	2	61	159	502	309	159	103	1	1,296
<b>CALAVERAS</b>	0	7	27	46	36	16	13	0	145
<b>COLUSA</b>	0	6	27	77	51	34	24	0	219
<b>CONTRA COSTA</b>	9	160	365	1,305	1,067	642	338	0	3,886
<b>DEL NORTE</b>	0	9	33	84	40	15	13	0	194
<b>EL DORADO</b>	0	21	59	209	169	82	46	0	586
<b>FRESNO</b>	33	632	1,196	3,691	2,447	1,356	838	11	10,204
<b>GLENN</b>	1	16	30	93	61	33	29	0	263
<b>HUMBOLDT</b>	0	46	93	329	207	113	50	2	840
<b>IMPERIAL</b>	5	118	207	527	339	197	123	1	1,517
<b>INYO</b>	0	4	15	41	40	17	9	1	127
<b>KERN</b>	18	507	1,008	2,685	1,866	1,104	615	4	7,807
<b>KINGS</b>	3	89	186	492	311	180	84	0	1,345
<b>LAKE</b>	0	21	48	151	97	49	29	0	395
<b>LASSEN</b>	0	2	28	63	27	10	8	0	138
<b>LOS ANGELES</b>	137	3,657	7,763	25,178	21,535	14,748	9,110	91	82,219
<b>MADERA</b>	6	107	180	563	409	220	126	1	1,612
<b>MARIN</b>	2	18	58	205	193	105	63	0	644
<b>MARIPOSA</b>	0	3	8	25	21	6	6	0	69
<b>MENDOCINO</b>	0	36	83	254	206	97	53	0	729
<b>MERCED</b>	6	139	342	957	653	322	190	6	2,615
<b>MODOC</b>	0	0	8	21	10	9	5	0	53
<b>MONO</b>	0	3	3	30	24	20	12	0	92

(continued)

**TABLE 12** (continued)

	UNDER 15	15-17	18-19	20-24	25-29	30-34	35-44	45 & UP	TOTAL
MONTEREY	15	236	467	1,482	952	574	301	4	4,031
NAPA	1	24	51	185	132	105	62	0	560
NEVADA	1	6	36	99	82	38	26	1	289
ORANGE	39	776	1,685	5,674	4,857	3,479	2,025	17	18,552
PLACER	2	23	103	343	230	108	56	0	865
PLUMAS	0	2	4	26	21	10	4	0	67
RIVERSIDE	32	686	1,524	4,869	3,380	2,073	1,116	9	13,689
SACRAMENTO	21	410	938	3,001	2,174	1,271	774	11	8,600
SAN BENITO	1	19	49	164	97	54	34	2	420
SAN BERNARDINO	27	801	1,694	5,381	3,719	2,144	1,165	8	14,939
SAN DIEGO	33	732	1,568	4,938	3,541	2,247	1,281	10	14,350
SAN FRANCISCO	3	74	194	793	781	613	411	2	2,871
SAN JOAQUIN	13	349	635	1,998	1,378	763	429	4	5,569
SAN LUIS OBISPO	3	36	120	381	295	149	78	1	1,063
SAN MATEO	2	118	234	878	758	470	263	1	2,724
SANTA BARBARA	10	191	344	1,148	861	520	324	2	3,400
SANTA CLARA	12	285	703	2,501	2,034	1,399	804	8	7,746
SANTA CRUZ	2	90	189	559	410	267	110	2	1,629
SHASTA	1	61	138	456	248	110	59	1	1,074
SIERRA	0	0	2	5	1	1	0	0	9
SISKIYOU	1	14	39	118	51	16	23	0	262
SOLANO	3	78	193	676	518	279	140	0	1,887
SONOMA	8	91	231	766	526	318	168	0	2,108
STANISLAUS	8	233	538	1,489	1,029	602	287	5	4,191
SUTTER	0	22	82	251	164	98	62	2	681
TEHAMA	1	29	75	187	92	46	26	0	456
TRINITY	0	3	5	29	17	11	5	0	70
TULARE	16	344	717	1,924	1,291	734	426	4	5,456
TUOLUMNE	0	11	25	93	48	22	10	0	209
VENTURA	12	238	511	1,654	1,263	803	465	2	4,948
YOLO	2	42	108	287	228	161	92	2	922
YUBA	3	48	77	249	125	85	46	0	633
INVALID CODE	0	0	0	5	3	4	0	0	12

**TABLE 13  
DELIVERIES TO MEDI-CAL BENEFICIARIES  
BY BENEFICIARY COUNTY AND ETHNICITY,  
CALENDAR YEAR 2004**

	WHITE	BLACK	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN	NOT REPORTED	TOTAL
STATEWIDE	34,999	17,120	171,169	16,499	1,015	7,284	248,086
ALAMEDA	726	1,434	3,340	1,054	11	145	6,710
ALPINE	1	0	0	0	5	0	6
AMADOR	74	1	12	1	1	4	93
BUTTE	814	27	288	92	39	36	1,296
CALAVERAS	116	1	20	1	4	3	145
COLUSA	40	1	174	0	0	4	219
CONTRA COSTA	625	581	2,288	288	11	93	3,886
DEL NORTE	133	1	32	9	18	1	194
EL DORADO	352	4	202	9	7	12	586
FRESNO	1,248	574	7,341	801	33	207	10,204
GLENN	93	3	137	11	7	12	263
HUMBOLDT	574	6	109	23	105	23	840
IMPERIAL	94	11	1,361	11	8	32	1,517
INYO	42	0	50	2	27	6	127
KERN	1,668	478	5,230	172	32	227	7,807
KINGS	230	67	970	26	8	44	1,345
LAKE	253	8	104	5	16	9	395
LASSEN	97	1	23	2	9	6	138
LOS ANGELES	4,619	6,755	63,915	4,136	104	2,690	82,219
MADERA	238	33	1,295	13	11	22	1,612
MARIN	77	29	504	26	3	5	644
MARIPOSA	58	0	9	0	2	0	69
MENDOCINO	331	4	311	5	67	11	729
MERCED	472	80	1,829	180	6	48	2,615
MODOC	38	0	13	1	1	0	53
MONO	21	0	66	3	2	0	92
MONTEREY	252	51	3,441	119	3	165	4,031

(continued)

**TABLE 13** (continued)

	WHITE	BLACK	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN	NOT REPORTED	TOTAL
NAPA	118	8	409	7	2	16	560
NEVADA	214	1	65	2	1	6	289
ORANGE	1,908	211	14,338	1,451	13	631	18,552
PLACER	419	9	356	39	15	27	865
PLUMAS	59	1	2	0	4	1	67
RIVERSIDE	2,434	731	9,915	287	49	273	13,689
SACRAMENTO	2,367	1,379	2,685	1,506	51	612	8,600
SAN BENITO	33	2	364	4	1	16	420
SAN BERNARDINO	2,781	1,526	9,682	469	64	417	14,939
SAN DIEGO	2,378	983	9,841	764	51	333	14,350
SAN FRANCISCO	294	438	1,171	912	4	52	2,871
SAN JOAQUIN	1,019	503	3,232	676	22	117	5,569
SAN LUIS OBISPO	436	8	561	24	6	28	1,063
SAN MATEO	236	123	1,914	365	2	84	2,724
SANTA BARBARA	360	50	2,826	71	6	87	3,400
SANTA CLARA	589	258	5,052	1,697	18	132	7,746
SANTA CRUZ	241	4	1,095	195	2	92	1,629
SHASTA	860	22	86	58	32	16	1,074
SIERRA	9	0	0	0	0	0	9
SISKIYOU	195	5	28	7	21	6	262
SOLANO	469	391	793	194	6	34	1,887
SONOMA	498	30	1,462	51	23	44	2,108
STANISLAUS	1,120	112	2,673	183	15	88	4,191
SUTTER	203	8	367	86	4	13	681
TEHAMA	273	1	158	2	11	11	456
TRINITY	59	0	7	0	3	1	70
TULARE	801	65	4,286	127	24	153	5,456
TUOLUMNE	177	0	19	1	5	7	209
VENTURA	619	47	4,056	99	4	123	4,948
YOLO	245	38	422	173	4	40	922
YUBA	296	15	234	59	11	18	633
INVALID CODE	3	1	6	0	1	1	12

**APPENDIX A: AID CODE CATEGORIZATION**

Medical Care Statistics Section determined placement of individual aid codes into categories for this report. Aid code descriptions were taken from EDS Provider Manual as of September 2003.

**FAMILIES:**

<b>Code</b>	<b>Benefits</b>	<b>Share of Cost</b>	<b>Program/Description</b>
30	Full	No	AFDC-FG (FFP). Provides aid to families with dependent children in a family group in which the child(ren) is deprived because of the absence, incapacity or death of either parent.
32	Full	No	TANF-Timed out. Recipients who have reached their TANF 60-month time limit and remain eligible for CalWORKs.
33	Full	No	AFDC – Unemployed Parent (State-only program) (non-FFP cash grant FFP for Medi-Cal eligibles). Provides aid to pregnant women (before their last trimester) who meet the federal definition of an unemployed parent but are not eligible because there are no other children in the home.
34	Full	No	AFDC-MN (FFP). Covers families with deprivation of parental care or support who do not wish or are not eligible for a cash grant but are eligible for Medi-Cal only.
35	Full	No	AFDC-U (FFP cash). Provides aid to families in which a child is deprived because of unemployment of a parent living in the home, and the unemployed parent meets all federal AFDC eligibility requirements.
37	Full	Yes	AFDC-MN (FFP). Covers families with deprivation of parental care or support who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC required of the beneficiaries.
38	Full	No	Continuing Medi-Cal Eligibility (FFP). <u>Edwards v. Kizer</u> court order provides for uninterrupted, no SOC Medi-Cal benefits for families discontinued from CalWORKs until the family's eligibility or ineligibility for Medi-Cal only has been determined and an appropriate <i>Notice of Action</i> sent.
39	Full	No	Initial Transitional Medi-Cal (TMC) – Six Months Continuing Eligibility (FFP). Provides coverage to certain clients subsequent to CalWORKs cash grant or <u>Section 1931(b) program</u> discontinuance due to increased earnings or increased hours of employment.
3E	Full	No	CalWORKs Legal Immigrant – Family Group (FFP). Provides aid to families in which a child is deprived because of the absence, incapacity or death of either parent.
3G	Full	No	AFDC-FG (State only) (non-FFP cash grant FFP for Medi-Cal eligibles). Provides aid to families in which a child is deprived because of the absence, incapacity or death of either parent, who does not meet all federal requirements, but State rules require the individual(s) be aided. This population is the same as aid code 32, except that they are exempt from the AFDC grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.
3H	Full	No	AFDC-FU (State only) (non-FFP cash grant FFP for Medi-Cal eligibles). Provides aid to pregnant women (before their last trimester) who meet the federal definition of an unemployed parent but are not eligible because there are no other children in the home. This population is the same as aid code 33, except that they are exempt from the AFDC grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.
3L	Full	No	CalWORKs Legal Immigrant – Family Group (FFP). Provides aid to families in which a child is deprived because of the absence, incapacity or death of either parent.
3M	Full	No	CalWORKs Legal Immigrant – Unemployed (FFP). Provides aid to families in which a child is deprived because of the unemployment of a parent living in the home.
3N	Full	No	AFDC – Mandatory Coverage Group Section 1931(b) (FFP). Section 1931 requires Medi-Cal be provided to low-income families who meet the requirements of the Aid to Families with Dependent Children (AFDC) State Plan in effect July 16, 1996.



Code	Benefits	Share of Cost	Program/Description
3P	Full	No	AFDC Unemployed Parent (FFP cash) – Aid to Families in which a child is deprived because of the unemployment of a parent living in the home and the unemployed parent meets all federal AFDC eligibility requirements. This population is the same as aid code 35, except that they are exempt from the AFDC grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.
3R	Full	No	AFDC – Family Group (FFP) in which the child(ren) is deprived because of the absence, incapacity or death of either parent. This population is the same as aid code 30, except that they are exempt from the AFDC grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.
3U	Full	No	CalWORKS Legal Immigrant – Unemployed (FFP). Provides aid to families in which a child is deprived because of the unemployment of a parent living in the home.
40	Full	No	AFDC-FC/Non-Fed (State FC). Provides financial assistance for those children who are in need of substitute parenting and who have been placed in foster care.
42	Full	No	AFDC-FC/Fed (FFP). Provides financial assistance for those children who are in need of substitute parenting and who have been placed in foster care.
4C	Full	No	AFDC-FC Voluntarily Placed (Fed) (FFP). Provides financial assistance for those children who are in need of substitute parenting and who have been voluntarily placed in foster care.
4F	Full	No	Kinship Guardianship Assistance Payment (Kin-GAP). Federal program for children in relative placement receiving cash assistance.
59	Full	No	Additional TMC – Additional Six Months Continuing Eligibility (FFP). Covers persons discontinued from AFDC due to the expiration of the \$30 plus 1/3 disregard, increased earnings or hours of employment, but eligible for Medi-Cal only, may receive this extension of TMC.
5T	Restricted to pregnancy and emergency services	No	Continuing TMC (FFP). Provides an additional six months of continuing emergency and pregnancy-related TMC benefits (no SOC) to qualifying aid code 3T recipients.
5X	Full	No	Second Year Transitional Medi-Cal (TMC). Provides a second year of full-scope (no SOC) TMC benefits for citizens and qualified aliens age 19 and older who have received six months of additional full-scope TMC benefits under aid code 59 and who continue to meet the requirements of additional TMC (State-only program).
7J	Full	No	Continuous Eligibility for Children (CEC) program. Provides full-scope benefits to children up to 19 years of age who would otherwise lose their no Share of Cost Medi-Cal.

**AGED, BLIND OR DISABLED:**

Code	Benefits	Share of Cost	Program/Description
14	Full	No	Aid to the Aged – Medically Needy (FFP). Covers persons 65 years of age or older who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only.
20	Full	No	SSI/SSP Aid to the Blind (FFP). A cash assistance program, administered by the SSA, which pays a cash grant to needy blind persons of any age.
60	Full	No	SSI/SSP Aid to the Disabled (FFP). A cash assistance program administered by the SSA that pays a cash grant to needy persons who meet the federal definition of disability.
63	Full	Y/N	Aid to the Disabled – LTC Status (FFP). Covers persons who meet the federal definition of disability who are medically needy and in LTC status.
64	Full	No	Aid to the Disabled – Medically Needy (FFP). Covers persons who meet the federal definition of disability and do not wish or are not eligible for cash grant, but are eligible for Medi-Cal only.

65	Full	Y/N	Aid to the Disabled Substantial Gainful Activity/Aged, Blind, Disabled – Medically Needy IHSS (non-FFP). Covers persons who (a) were once determined to be disabled in accordance with the provisions of the SSI/SSP program and were eligible for SSI/SSP but became ineligible because of engagement in substantial gainful activity as defined in Title XVI regulations. They must also continue to suffer from the physical or mental impairment that was the basis of the disability determination or (b) are aged, blind or disabled medically needy and have the costs of IHSS deducted from their monthly income.
66	Full	No	Aid to the Disabled Pickle Eligibles (FFP). Covers persons who meet the federal definition of disability and are covered by the provisions of the <u>Lynch v. Rank</u> lawsuit. No age limit for this aid code.
67	Full	Yes	Aid to the Disabled – Medically Needy, SOC (FFP). (See aid code 64 for definition of Disabled – MN.) SOC is required of the <b>recipients</b> .
68	Full	No	Aid to the Disabled IHSS (FFP). Covers persons who meet the federal definition of disability and are eligible for IHSS. (See aid codes 18 and 65 for definition of eligibility for IHSS.)
6C	Full	No	Disabled Adult Child(ren) (DAC)/Disabled (FFP).
6H	Full	No	Federal Poverty Level – Disabled (FPL-Disabled). Provides full-scope (no SOC) Medi-Cal to qualified disabled individuals/couples.

**MEDICALLY INDIGENT - CHILD**

Code	Benefits	Share of Cost	Program/Description
03	Full	No	Adoption Assistance Program (AAP) (FFP). A cash grant program to facilitate the adoption of hard-to-place children who would require permanent foster care placement without such assistance.
04	Full	No	Adoption Assistance Program/Aid for Adoption of Children (AAP/AAC) (non-FFP). Covers cash grant children receiving Medi-Cal by virtue of eligibility to AAP/AAC benefits.
45	Full	No	Children Supported by Public Funds (FFP). Children whose needs are met in whole or in part by public funds other than AFDC-FC.
4K	Full	No	Emergency Assistance (EA) Program (FFP). Covers juvenile probation cases placed in foster care.
4M	Full	No	Former Foster Care Children (FFCC) 18 through 20 years of age. Provides full-scope Medi-Cal benefits to former foster care children who were receiving benefits on their 18th birthday in aid codes 40, 42, 45, 4C and 5K and who are under 21 years of age.
5K	Full	No	Emergency Assistance (EA) Program (FFP). Covers child welfare cases placed in EA foster care.
82	Full	No	MI – Person (FFP). Covers medically indigent persons under 21 who meet the eligibility requirements of medical indigence. Covers persons until the age of 22 who were in an institution for mental disease before age 21. Persons may continue to be eligible under aid code 82 until age 22 if they have filed for a State hearing.
83	Full	Yes	MI – Person SOC (FFP). Covers medically indigent persons under 21 who meet the eligibility requirements of medically indigent.

**MEDICALLY INDIGENT – ADULT**

Code	Benefits	Share of Cost	Program/Description
53	Restricted to LTC services only	Y/N	Medically Indigent – LTC (Non-FFP). Covers persons age 21 or older and under 65 years of age who are residing in a Nursing Facility Level A or B with or without SOC.
81	Full	Y/N	MI – Adults Aid Paid Pending (Non-FFP). Aid Paid Pending for persons over 21 but under 65, with or without SOC.
86	Full	No	MI – Confirmed Pregnancy (FFP). Covers persons aged 21 years or older, with confirmed pregnancy, who meet the eligibility requirements of medically indigent.
87	Full	Yes	MI – Confirmed Pregnancy (FFP). Covers persons aged 21 or older, with confirmed pregnancy, who meet the eligibility requirements of medically indigent but are not eligible for 185 percent/200 percent or the MN programs.

**UNDOCUMENTED:**

Code	Benefits	Share of Cost	Program/Description
1U	Restricted to pregnancy and emergency services	No	Restricted Federal Poverty Level – Aged (Restricted FPL-Aged). Provides emergency and pregnancy-related benefits (no SOC) to qualified aged individuals/couples who do not have satisfactory immigration status.
3T	Restricted to pregnancy and emergency services	No	Initial Transitional Medi-Cal (TMC) (FFP). Provides six months of emergency and pregnancy-related initial TMC benefits (no SOC) for aliens who do not have satisfactory immigration status (SIS) and have been discontinued from Section 1931(b) due to increased earnings from employment.
3V	Restricted to pregnancy and emergency services	No	Section 1931(b). Provides emergency and pregnancy-related benefits (no SOC) for aliens without SIS who meet the income, resources and deprivation requirements of the AFDC State Plan in effect July 16, 1996. <b><u>(FFP for emergency services including labor and delivery. State-only for pregnancy-related services.)</u></b>
48	Restricted to pregnancy-related services	No	Income Disregard Program. Pregnant – <b><u>Covers aliens who do not have lawful Permanent Resident Alien, PRUCOL or Amnesty Alien status (including undocumented aliens)</u></b> , but <b><u>who are</u></b> otherwise eligible <b><u>for Medi-Cal</u></b> . Provides family planning, pregnancy-related and postpartum services for any age female, if family income is at or below 200 percent of the federal poverty level. Routine prenatal care is non-FFP. Labor, delivery and emergency prenatal care are FFP.
55	Restricted to pregnancy and emergency services	No	Aid to Undocumented Aliens in LTC Not PRUCOL. Covers undocumented aliens in LTC not PRUCOL. LTC services: State-only funds; emergency and pregnancy-related services: State and federal funds. Recipients will remain in this aid code even if they leave LTC.
58	Restricted to pregnancy and emergency services	Y/N	OBRA Aliens. Covers <b><u>aliens who do not have lawful</u></b> Permanent Resident Alien, PRUCOL or Amnesty Alien status <b><u>(including undocumented aliens)</u></b> , but who are otherwise eligible for Medi-Cal.
5F	Restricted to pregnancy and emergency services	Y/N	OBRA Aliens. Covers <b><u>pregnant alien women who do not have lawful</u></b> Permanent Resident Alien, PRUCOL or Amnesty Alien status <b><u>(including undocumented aliens)</u></b> , but who are otherwise eligible for Medi-Cal.
5Y	Restricted to pregnancy and emergency services	No	Second Year TMC (State-only program). Provides a second year of continuing emergency and pregnancy-related TMC benefits (no SOC) to <b><u>aliens without satisfactory immigration status who have received benefits under</u></b> aid code 5T <b><u>and are</u></b> 19 years of age or older.
7C	Restricted to pregnancy and emergency services	No	100 Percent Program. Child – Undocumented/Nonimmigrant Status/[IRCA Amnesty Alien (Not ABD or Under 18)]. Covers emergency and pregnancy-related services to otherwise eligible children, ages 6 to 19 and beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the federal poverty level.
8T	Restricted to pregnancy and emergency services	No	100 Percent Program. Child – Undocumented/Nonimmigrant Status/[IRCA Amnesty Alien [with excess property]]. Covers emergency and pregnancy-related services only to otherwise eligible children ages 6 to 19 and beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the Federal poverty level.

**PERCENT POVERTY:**

Code	Benefits	Share of Cost	Program/Description
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44	Restricted to pregnancy-related services	No	Income Disregard Program. Pregnant (FFP) – <b><u>Covers</u></b> United States Citizen/ <b><u>U.S. National and aliens with satisfactory immigration status including lawful</u></b> Permanent Resident Aliens/ <b><u>Amnesty Aliens and</u></b> PRUCOL Aliens. Provides family planning, pregnancy-related and postpartum services for any age female if family income is at or below 200 percent of the federal poverty level.
47	Full	No	Income Disregard Program (FFP). Infant – United States Citizen, Permanent Resident Alien/PRUCOL Alien. Provides full Medi-Cal benefits to infants up to 1-year-old and continues beyond 1 year when inpatient status, which began before 1 <sup>st</sup> birthday, continues and family income is at or below 200 percent of the federal poverty level.
70	Restricted to pregnancy-related services	No	Asset Waiver Program (Pregnant). United States Citizen, Permanent Resident Alien/PRUCOL Alien or Undocumented/Nonimmigrant Alien (but otherwise eligible). Provides family planning, pregnancy-related, and postpartum services under the State-only funded expansion of the Medi-Cal program for a pregnant woman having income between 185 percent and 200 percent of the federal poverty level (State-Only Program).
7A	Full	No	100 Percent Program. Child (FFP) – United States Citizen, Lawful Permanent Resident/PRUCOL/(IRCA Amnesty Alien [ABD or Under 18]). Provides full benefits to otherwise eligible children, ages 6 to 19 and beyond 19 when inpatient status began before the 19th birthday and family income is at or below 100 percent of the federal poverty level.
8R	Full	No	100 Percent Program. Child (FFP) – United States Citizen (with excess property), Lawful Permanent Resident/PRUCOL/(IRCA Amnesty Alien [ABD or Under 18]). Provides full-scope benefits to otherwise eligible children, ages 6 to 19 and beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the Federal poverty level.

**MINOR CONSENT:**

Code	Benefits	Share of Cost	Program/Description
7M	Valid for Minor Consent services	Y/N	Minor Consent Program (Non-FFP). Covers minors aged 12 and under 21. Limited to services related to Sexually Transmitted Diseases, sexual assault, drug and alcohol abuse, and family planning.
7N	Valid for Minor Consent services	No	Minor Consent Program (FFP). Covers pregnant female minors under age 21. Limited to services related to pregnancy and family planning.
7P	Valid for Minor Consent services	Y/N	Minor Consent Program (Non-FFP). Covers minors age 12 and under 21. Limited to services related to Sexually Transmitted Diseases, sexual assault, drug and alcohol abuse, family planning, and outpatient mental health treatment.